Effective October 1, 2003 09/976799												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THA				
TOTAL CLAIMS								RATE	FEE	7 ·	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	385.00	OR	BASIC FEE	770.00
ΤC	TAL CHARGE	ABLE CLAIMS	minus 20≃		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =				- =	X43=	<del> </del>	OR	X86= ·	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT			Ď``	1.45-			.000-		
* If the difference in column 1 is less than zero, enter "0" in column 2							ــنا	1145=_ OTAL		OR	+290=	
CLAIMS AS AMENDED - PART II								OTAL		JOH-	TOTAL OTHER	THAN
(Column 1) (Column 2) (C						(Column 3)	· s	MALL	ENTITY	OR	SMALL	
AMENDMENT A	SH17	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	F	RATE	ADDIAL TIONAL PEE		RATE	ADDI- TIONAL FEE
Š	Total	. 6	Minus	- y	,	= O	,	30	1	OR	X\$.18=	
AME	Independent	. 3	Minus	ى خ	<u> </u>	= 0	3	43/		OR	<del>X06=</del>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  1771-012 (27) 715-291-295-314								145=		OR	+290=	
								TOTAL	$(\lambda)$	OR ,	TOTAL ADDIT, FEE	
	•	(Column 1)		(Colum	ın 2)	(Column 3)						,
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT -EXTRA	R	ATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	•	Minus	**		=	×	\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	×	43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR	+290=	
						÷ .		TOTAL		OR A	TOTAL ODIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	×s	9= 1	l	OR	X\$18=	
AME	Independent					=	X	43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45=		OR	+290=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									<b>L</b>	TOTAL	
** If the *Highest Number Previously Paid For* IN THIS SPACE is less than 20, enter *20.*  ***If the *Highest Number Previously Paid For* IN THIS SPACE is less than 3, enter *13.*  The *Highest Number Previously Paid For* (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number